DEPARTMENT OF HEALTH

NOTICE OF PROPOSED RULEMAKING

The Interim Director of the Department of Health, pursuant to the authority of § 302 (14) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)) ("Act"), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of his intent to amend chapter 56 of Title 17 of the District of Columbia Municipal Regulations (DCMR) in its entirety. The proposed amendments would clarify the requirements and standards that a nursing program in the District must meet to obtain accreditation by the Board of Nursing ("Board"), clarify the procedures by which the Board shall accredit, deny, or withdraw accreditation of a nursing program in the District, add requirements and standards for the accreditation, denial, and withdrawal of accreditation of advanced practice nursing programs, and bring the regulations in line with the current practices and trends in nursing education. Final rulemaking action to adopt these amendments shall be taken in not less than thirty (30) days from the date of publication of this notice in the <u>D.C. Register</u>.

The following rulemaking action is proposed:

17 DCMR Chapter 56, ACCREDITATION OF NURSING SCHOOLS AND EDUCATION PROGRAMS, is amended in its entirety as follows:

Chapter 56, NURSING SCHOOLS AND PROGRAMS

5600	ACCREDITATION OF NURSING PROGRAMS
5600.1	A nursing school shall not operate a basic program or advanced practice program in the District of Columbia without accreditation by the Board of Nursing (Board). This chapter sets forth the requirements and standards that a program in the District must meet to obtain accreditation by the Board, and the standards and procedures by which the Board shall accredit, deny, or withdraw accreditation from a program.
5600.2	The accreditation status of a program in the District may be initial, full, or conditional. The nursing school shall publicize the accreditation status of the program.
5600.3	Chapters 40 (General Rules), Chapter 41 (Administrative Procedures), Chapter 54 (Registered Nursing), Chapter 55 (Practical Nursing), Chapter 57 (Certified Registered Nurse-Anesthetists), Chapter 58 (Nurse-Midwives), Chapter 59 (Nurse-Practitioners), and Chapter 60 (Clinical Nurse Specialist) of this title supplement this chapter.

5601 INITIAL ACCREDITATION

- A nursing school desiring initial accreditation of a basic program or advanced practice program shall submit to the Board the following information and pay the required review fee:
 - (a) A statement of intent to establish a basic program or advanced practice program; and
 - (b) A proposal which includes the following information:
 - (1) Documentation of the present and future need for the program and the need for entry-level nurses in the District;
 - (2) The rationale for establishment of the program;
 - (3) The potential effect on other nursing programs in the area;
 - (4) The organizational structure of the educational institution documenting the relationship of the program within the institution;
 - (5) The accreditation status of the controlling institution;
 - (6) The purpose, mission, and level of the program;
 - (7) The availability of qualified administrators and faculty pursuant to the qualifications established under this chapter;
 - (8) Hiring procedures for ensuring administrators and faculty will meet the requirements of this chapter;
 - (9) Budgeted faculty positions;
 - (10) The source and description of adequate clinical resources for the level of the program;
 - (11) Documentation of adequate academic facilities and staff to support the program;
 - (12) Evidence of financial resources adequate for the planning, implementation, and continuation of the program;
 - (13) The anticipated student population;
 - (14) The tentative time schedule for planning and initiating the program;

- (15) Admissions criteria and procedures;
- (16) Graduation criteria and procedures;
- (17) A curriculum plan including conceptual framework, program objectives, course objectives, and clinical objectives; and
- (18) A systemic plan for evaluation of the program.
- The Board shall approve or disapprove the proposal within one hundred and eighty (180) days from the date of receipt of the proposal.
- If the Board approves the proposal, the nursing school may submit an application to the Board for initial accreditation after the following conditions have been met:
 - (a) A nurse administrator or program coordinator, as applicable, meeting the requirements of this chapter for the program level has been appointed;
 - (b) There are sufficient faculty meeting the requirements of this chapter for the program level to initiate the program;
 - (c) The nursing school has submitted to the Board a description of each faculty member including credentials; and
 - (d) A site visit has been conducted by the Board, or if applicable, a joint site visit has been conducted by the Board and the Education Licensure Commission.
- Following Board review of the application for initial accreditation of the proposed program, the Board may grant or deny initial accreditation, or may grant conditional accreditation. The Board shall issue a letter indicating its decision within a reasonable time, not to exceed one hundred and eighty (180) days from the date of the receipt of the application.
- The Board may grant initial accreditation to a newly established program upon receipt of evidence that the standards and requirements of this chapter are being met.
- Following initial accreditation by the Board, the program shall submit progress reports to the Board as requested.
- Initial accreditation status shall remain in effect until two (2) National Council Licensure Examination (NCLEX) reporting quarters have passed from the graduation date of the program's first graduating class, unless otherwise withdrawn by the Board.

5602 FULL ACCREDITATION OF BASIC PROGRAMS

- Following graduation of its first class, a program shall submit to the Board a selfevaluation report of compliance with the provisions of this chapter. The Board may recommend a site visit for consideration of full accreditation of a program.
- The Board may grant full accreditation to a program after the graduation of its first class if:
 - (a) The percentage of the program's first time NCLEX test takers passing the exam is not more than five percent (5%) below the national norm. The passing percentage shall be based on the cumulative results of the first four (4) quarters following graduation of the first class;
 - (b) The program has submitted proof to the Board of current accreditation by the National League for Nursing Accrediting Commission (NLNAC), the Commission on Collegiate Nursing Education (CCNE) or other accrediting bodies approved by the Board; and
 - (c) The program has demonstrated continued ability to meet the standards and requirements of this chapter.
- The Board shall maintain a list of the accrediting bodies approved by the Board. A copy of the list may be obtained during Department of Health office hours or requested by mail. The Board may charge a fee for distribution by mail for postage and handling.
- Before granting full accreditation of a program, the Board shall review the application materials and survey reports for granting accreditation or continued accreditation of programs.
- The Board may recommend deadlines for submission of materials and survey materials.
- The Board shall annually review the NCLEX performance of first time test takers from each program.
- In order to maintain full accreditation status, a program with full accreditation shall maintain:
 - (a) All the standards and requirements of this chapter, as they may be amended or republished from time to time;
 - (b) A minimum pass rate, for first time test takers on the NCLEX, of not more than five percent (5%) below the national norm, based on the cumulative results of the four (4) quarters in each year; and

- (c) Accreditation with NLNAC, CCNE, or other accrediting bodies approved by the Board.
- Full accreditation status shall be renewed annually. Each program having full Board accreditation, shall apply for renewal of accreditation not less than sixty (60) days prior to the date of expiration by submitting the following to the Board:
 - (a) A written annual report on forms provided by the Board; and
 - (b) Payment of the required renewal fee.
- At the Board's discretion, the Board may designate persons to perform announced or unannounced on-site visits to a nursing school.
- Nursing programs that are currently accredited by the Board as of the effective date of these regulations, shall have twelve (12) months from the effective date to come into compliance with these regulations.
 - (a) The Board may, at its discretion, grant an extension of the twelve (12) month period.
 - (b) An extension shall not be granted in cases where the Board determines that the program has not made reasonable efforts to comply with the regulations.

5603 FULL ACCREDITATION OF ADVANCED PRACTICE NURSING EDUCATION PROGRAMS

- Following graduation of its first class, a program shall submit to the Board a selfevaluation report of compliance with the provisions of this chapter. The Board may recommend a survey visit for consideration of full accreditation of a program.
- The Board may grant full accreditation to a program after the graduation of its first class if:
 - (a) The program has submitted proof to the Board of current accreditation by a national accrediting body approved by the Board; and
 - (b) The program has demonstrated continued ability to meet the standards and requirements of this chapter.
- Before granting full accreditation of a program, the Board shall review the application materials and survey reports for granting accreditation of advanced practice nursing education programs.

5603.4	The Board may recommend deadlines for submission of materials and survey materials.
5603.5	In order to maintain full accreditation status, a program with full accreditation status shall maintain:
	(a) All the standards and requirements of this chapter, as they may be amended or republished from time to time; and
	(b) Accreditation with NLNAC, CCNE, or other accrediting bodies approved by the Board.
5603.6	Each program's coordinator shall submit a written annual report to the Board on forms provided by the Board, and pay the required review fee.
5603.7	The Board may designate persons to perform announced or unannounced on-site visits to a nursing school.
5603.8	Nursing programs that are currently accredited by the Board as of the effective date of these regulations, shall have twelve (12) months from the effective date to come into compliance with these regulations.
•	(a) The Board may, at its discretion, grant an extension of the twelve (12) month period.
	(b) An extension shall not be granted in cases where the Board determines that a program has not made reasonable efforts to comply with the regulations.
5604	CONDITIONAL ACCREDITATION
5604.1	The Board may place a nursing program that has failed to meet or maintain the requirements and standards of this chapter on conditional accreditation status.
5604.2	Conditional accreditation status denotes that certain conditions must be met within a designated time period for the program to be granted or restored to full accreditation.
5604.3	The Board may determine the length of time to be allotted, not to exceed two (2) years, for the correction of the deficiencies identified by the Board and to bring the program into compliance with the requirements and standards of this chapter.
5604.4	When the Board determines that a program is substantially out of compliance with the requirements and standards of this chapter, the Board may, in its discretion, prohibit a program that has conditional accreditation status from admitting new students until the program has been restored to full accreditation status. The

program shall be given notice and an opportunity for a hearing prior to the Board implementing a prohibition against the admittance of new students.

- 5604.5 Under conditional accreditation status, the program may continue to operate while correcting the identified deficiencies and working toward meeting the conditions for full accreditation.
- 5604.6 Students who graduate from conditionally accredited programs shall be eligible to take the NCLEX in the District, and upon passing the examination, become licensed in the District.
- If the program fails to meet the specified conditions within the designated time period, the Board may withdraw accreditation and the program shall be removed from the Board's list of accredited programs.
- The Board shall maintain a list of the programs that are accredited by the Board.

 The list shall be maintained current on the Department's Internet website. The list shall also be compiled and published annually and available to the public upon request. The Board may charge a fee for distribution.

5605 DENIAL OF ACCREDITATION

- The Board may deny initial accreditation when it determines that a program will be unable to meet the standards of this chapter. The Board shall promptly issue a denial letter to the nursing school notifying it of the Board's decision.
- If initial accreditation is denied, the nursing school may request a hearing before the Board within twenty (20) days from receipt of the denial letter.

5606 WITHDRAWAL OF ACCREDITATION OR REDUCTION TO CONDITIONAL STATUS

- The first year that the percentage of a program's first time NCLEX test takers passing the exam is more than five percent (5%) below the national norm:
 - (a) The Board shall send written notice to the program of the following:
 - (1) The program has failed to meet the requirements and standards of this chapter;
 - (2) The program may, at the Board's discretion, be placed on conditional accreditation status; and
 - (3) The Board's designee may perform an announced or unannounced on-site visit to the facility and provide a report to the Board.

- (b) The program's nurse administrator shall submit to the Board, within thirty (30) calendar days, from receipt of the Board's letter the following:
 - (1) A report that identifies the factors believed to have contributed to the unacceptable performance; and
 - (2) An action plan to correct the deficiencies, to be approved by the Board.
- The second successive year that the percentage of a program's first time NCLEX test takers passing the exam is more than five percent (5%) below the national norm, or the first year that the percentage is more than fifteen percent (15%) below the national norm:
 - (a) The Board shall send written notice to the program of the following:
 - (1) The program has failed to meet the requirements and standards of this chapter;
 - (2) The program shall be placed on conditional accreditation status;
 - (3) The Board's designee shall perform an announced or unannounced on-site visit to the facility and provide a report to the Board; and
 - (4) The Board shall provide the program with a list of the deficiencies that must be corrected and designate a time period for the correction of the deficiencies.
 - (b) The program's nurse administrator shall submit to the Board, within thirty (30) calendar days, from receipt of the Board's letter the following:
 - (1) A report analyzing all aspects of the education program and identifying areas believed to be contributing to the unacceptable performance;
 - (2) An action plan to correct the deficiencies, to be approved by the Board; and
 - (3) Proof that the program has obtained the services of an outside consultant, to be approved by the Board.
- The NCLEX pass rate requirements of this chapter shall not apply to advanced practice nursing education programs.
- The Board may withdraw accreditation or reduce a program to conditional accreditation, at its discretion, for any of the following reasons:

- (a) The Board has determined that a program has not met, maintained or will be unable to meet or maintain the requirements and standards of this chapter;
- (b) The nursing program has failed to correct the deficiencies identified by the Board within the allotted time period;
- (c) Failure to hire a nurse administrator who meets the qualifications of this chapter;
- (d) Failure to hire faculty who meet the qualifications of this chapter;
- (e) Noncompliance with the school's stated philosophy, program design, objectives or outcomes, or policies;
- (f) Failure to implement the approved curriculum;
- (g) Failure to maintain the required NCLEX pass rate for first-time test takers;
- (h) Failure to maintain NLNAC accreditation, CCNE accreditation, or accreditation by other accrediting bodies approved by the Board;
- (i) Failure to submit records and reports to the Board in a timely manner;
- (j) Noncompliance with any of the regulations in this chapter; and
- (k) Other activities or situations, as determined by the Board, that indicate a program is not meeting the legal requirements and standards of this chapter.
- If the Board reduces a program to conditional accreditation status, the Board shall:
 - (a) Notify the program that it has been reduced to conditional accreditation status and the reasons for the decision;
 - (b) Provide the program with a list of the deficiencies that must be corrected in order to achieve full accreditation status;
 - (c) Designate a time period, not to exceed two (2) years, for the correction of the deficiencies;
 - (d) Notify the program that if the identified deficiencies are not corrected within the designated time period, the Board may withdraw accreditation of the program; and
 - (e) Re-designate the accreditation status of the program on the Board's Internet website and annual publication list.

- Before the Board may withdraw accreditation of a program the Board shall:
 - (a) Issue a Notice of Intended Action to the program notifying the program that:
 - (1) The Board intends to withdraw accreditation of the program and the reasons for the action; and
 - (2) The program has a right to a hearing;
 - (b) Issue public notice that the Board intends to withdraw accreditation of the program. The notice shall be:
 - (1) Sent to the Education Licensure Commission; and
 - (2) Issued to the public in a manner, as determined by the Board, to provide adequate notice to the individuals that have an interest in the intended action; and
 - (c) Ensure that the program provides its current student population and applicants with immediate notice of the Board's intended action, which shall include mailings and public postings on the premises.
- If requested by any student, the program shall provide its current student population with assistance for transferring to another nursing program.
- After the Board has withdrawn accreditation of a program, the Board shall provide notice of the withdrawal to the Education Licensure Commission and the program shall not be permitted to operate a nursing education program in the District.
- The Board may designate persons to conduct an unannounced visit to the facility to ensure that the program has not continued to operate the nursing program or admit students after the effective date of the accreditation withdrawal.
- The effective date of the withdrawal of accreditation shall be the date the Board renders a final decision and the Board shall immediately issue public notice of the withdrawal of accreditation. The Board may, at its discretion, postpone the effective date of the withdrawal of accreditation until the end of a current semester, when it determines such to be in the best interests of the program's graduating class or students.
- If the program appeals the Board's decision to the District of Columbia Court of Appeals, the effective date of the withdrawal of accreditation shall not be changed unless changed pursuant to an Order of the Court of Appeals.

5606.12	Students enrolled in the program prior to, or up to, the effective date of the withdrawal of accreditation shall be allowed to transfer to another District of Columbia nursing program.
5606.13	The program shall provide its current student population with information and assistance for transferring to another nursing program.
5606.14	Within thirty (30) days after receipt of notice that accreditation has been withdrawn, the nurse administrator or owner of the program shall submit to the Board a written plan for termination of the program. The plan shall include:
	(a) A plan for the transfer of students to other approved programs within a timeframe established by the Board; and
	(b) A plan outlining the arrangements made for storage of the permanent records of the students, graduates, and faculty; and where and how they may be obtained.
5606.15	Students graduating from the program prior to, or up to, the effective date of the withdrawal of accreditation shall be allowed to sit for the NCLEX in the District of Columbia and upon passing, be licensed in the District of Columbia.
5606.16	Students attending or graduating from a program after the effective date of the withdrawal of accreditation shall not be allowed to sit for the NCLEX in the District or to be licensed in the District.
5606.17	After accreditation has been withdrawn, the controlling institution or owner of the nursing school may apply to the Board for initial accreditation as a new program pursuant to § 5601.
5606.18	If the name of the program is changed, the controlling institution or owner shall disclose in its proposal that the Board previously withdrew accreditation, and identify the name of the program under which it was previously operated.
5606.19	A program aggrieved by a final decision of the Board may appeal the decision to the District of Columbia Court of Appeals in accordance with the District of Columbia Administrative Procedure Act, D.C. Code §§ 2-501 et seq.
5607	PRACTICAL NURSING EDUCATION PROGRAMS
5607.1	A qualified nurse administrator shall direct and implement a practical nursing education program in the District.
5607.2	The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the program.

5607.3 The nurse administrator shall:

- (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
- (b) Have a minimum of a master's degree in nursing;
- (c) Have educational preparation or experience in teaching, curriculum development, and administration, including a minimum of two (2) years of post-graduate clinical experience; and
- (d) Have current knowledge of nursing practice at the practical nurse level.
- The nurse administrator shall establish and maintain a practical nursing advisory committee to make recommendations to the program for improvement, to assist in interpreting the program to the community, and to make the program aware of the current concepts in practical nursing education and health trends in the area.
- 5607.5 The advisory committee shall:
 - (a) Consist of at least seven (7) members appointed by the Nurse Administrator;
 - (b) Be members of the community living or currently practicing in the District who are aware of the acute, long-term care, and community health care needs of the community;
 - (c) Include a consumer, a health care administrator, a licensed practical nurse, a licensed registered nurse, a current student or graduate, an educator not associated with the program, and the program's nurse administrator; and
 - (d) Meet at least twice each year.
- The faculty of the practical nursing education program shall:
 - (a) Be currently licensed, in good standing, as registered nurses in the District of Columbia;
 - (b) Have a minimum of a baccalaureate degree in nursing, with at least seventy-five percent (75%) of the total faculty having a minimum of a master's degree in nursing;
 - (c) Have a minimum of two (2) years of clinical experience as registered nurses; and
 - (d) Have current knowledge of nursing practice at the practical nurse level.

- There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.
- The curriculum of the practical nursing education program shall be:
 - (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
 - (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level;
 - (c) Based on sound educational principles; and
 - (d) Reflective of the theory and application of the nursing process.
- The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives, or outcomes, and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.
- There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.
- The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
 - (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
 - (d) Evaluation of the graduates by their employers;

- (e) Faculty and student evaluation of the program's clinical placements and agencies;
- (f) Evaluation of the students and faculty, of factors determined by the program, by the clinical facilities utilized for clinical placements;
- (g) Trending graduation rates;
- (h) Trending graduate performance on the NCLEX;
- (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
- (j) Evaluation of the program objectives or outcomes;
- (k) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
- (l) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
- (m) Evidence that prior recommendations and evaluation findings have been acted upon.
- The curriculum shall include didactic instruction in the following:
 - (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan for individuals and groups, in:
 - (1) Adult health nursing;
 - (2) Maternal and newborn health;
 - (3) Pediatric nursing;
 - (4) Psychiatric and mental health nursing;
 - (5) Geriatrics; and
 - (6) Community health nursing.
 - (b) Basic concepts of interpersonal relations;
 - (b) Communication;

(c) Growth and development;

	(d) Client education;
	(e) Cultural diversity;
	(f) Basic concepts of anatomy;
	(g) Basic concepts of physiology;
	(h) Basic concepts of microbiology;
	(i) Basic concepts of chemistry;
	(j) Basic concepts of nutrition;
	(l) Nursing principles and skills;
	(m)Basic concepts of pharmacology, including clinical experience on the administration of drugs;
	(n) Basic concepts of the nursing process;
	(o) Basic concepts of ethics;
	(p) Nursing history and trends; and
	(q) Vocational and legal aspects of nursing.
5607.15	Students shall be provided didactic instruction in correlation with the related clinical learning experiences.
5607.16	A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:
	(a) The acuity of the patient's needs;
•	(b) The objectives of the learning experience;
	(c) The class level of the students;
	(d) The physical placement of the students;
	(e) The instructor's teaching methods; and

- (f) The requirements established by the clinical agency.
- The faculty shall develop written objectives for each clinical to be used as a guide for the selection of clinical agencies and student placements.
- The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5607.20.
- The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
- Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:
 - (a) Medical nursing;
 - (b) Surgical nursing;
 - (c) Maternal and newborn health;
 - (d) Pediatric nursing;
 - (e) Psychiatric and mental health nursing;
 - (f) Long-term care; and
 - (g) Community health facilities.
- The total hours of a practical nursing education program shall be no less than sixteen hundred (1600) hours with a minimum of six hundred (600) of the hours being clinical. Skills lab activities shall not be used as a substitute for required clinical hours. For purposes of this requirement, an hour shall be no less than fifty (50) minutes.
- Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course.
- When clinical preceptors are used, the following conditions shall be met:
 - (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;

- (2) The plans for orientation of clinical preceptors;
- (3) The clinical objectives or outcomes of the preceptorship; and
- (4) A system for monitoring and evaluating the student's learning experiences.
- (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.
- The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.
- The clinical preceptor shall have the following minimum qualifications:
 - (a) Be currently licensed, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing;
 - (b) A minimum of two (2) years of experience as a licensed nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
 - (c) A philosophy of health care congruent with that of the nursing program; and
 - (d) Current knowledge of nursing practice at the practical nurse level.

5608 ASSOCIATE DEGREE NURSING EDUCATION PROGRAMS

- A qualified nurse administrator shall direct and implement an associate degree nursing education program in the District.
- The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the nursing program.
- 5608.3 The nurse administrator shall:
 - (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing;
 - (c) Have educational preparation or experience in teaching, and curriculum development and administration, including a minimum of two (2) years of

clinical experience as a registered nurse; and

(d) Have current knowledge of nursing practice at the registered nurse level.

5608.5 The faculty shall:

- (a) Be currently licensed, in good standing, as registered nurses in the District of Columbia;
- (b) Have a minimum of a master's degree in nursing;
- (c) Have a minimum of two (2) years of clinical experience as registered nurses; and
- (d) Have current knowledge of nursing practice at the registered nurse level.
- There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.

5608.7 The curriculum shall be:

- (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
- (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level;
- (c) Based on sound educational principles; and
- (d) Reflective of the theory and application of the nursing process.
- The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives or outcomes and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.
- There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.

- The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
 - (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
 - (d) Evaluation of the graduates by their employers;
 - (e) Faculty and student evaluation of the program's clinical placements and agencies;
 - (f) Evaluation of the students and faculty, of factors determined by the program, by the clinical facilities utilized for clinical placements;
 - (g) Trending graduation rates;
 - (h) Trending graduate performance on the NCLEX;
 - (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
 - (j) Evaluation of the program objectives or outcomes;
 - (k) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
 - (l) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
 - (m) Evidence that prior recommendations and evaluation findings have been acted upon.
- The curriculum shall include didactic instruction in the following:
 - (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan of individuals and groups, in:

(1) Adult health nursing;
(2) Maternal and newborn health;
(3) Pediatric nursing;
(4) Psychiatric and mental health nursing;
(5) Geriatrics; and
(6) Community health nursing.
(b) Anatomy with a related laboratory experience;
(c) Physiology with a related laboratory experience;
(d) Chemistry with a related laboratory experience;
(e) Microbiology with a related laboratory experience;
(f) Nutrition and diet therapy;
(g) Pathophysiology;
(h) Mathematics;
(i) Social and behavioral sciences;
(j) The humanities;
(k) Nursing history and trends;
(l) Professional responsibilities;
(m) Ethics;
(n) Healthcare economics;
(o) Cultural diversity;
(p) Interpersonal relations;
(q) Group dynamics;
(r) Nursing leadership;
(s) Legal aspects of nursing;

	(t) Patient education;
	(u) Pharmacology;
	(v) Theory and application of the nursing process; and
	(w) Knowledge of emerging technologies.
5608.14	The clinical practice component shall be an integral part of the curriculum.
5608.15	Students shall be provided didactic instruction in correlation with the related clinical learning experiences.
5608.16	A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:
	(a) The acuity of the patient's needs;
	(b) The objectives of the learning experience;
	(c) The class level of the students;
	(d) The physical placement of the students;
	(e) The instructor's teaching methods; and
	(f) The requirements established by the clinical agency.
5608.17	The faculty shall develop written objectives for each clinical to be used as a guide for the selection of clinical agencies and student placements.
5608.18	The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5608.20.
5608.19	The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
5608.20	Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:
	(a) Medical nursing;
	(b) Surgical nursing;

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- (c) Maternal and newborn health; (d) Pediatric nursing; (e) Psychiatric and mental health nursing; (f) Long-term care; and (g) Community health facilities. The school or program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression. The program shall provide a written rationale for the ratio of clinical hours to academic credits for each clinical. The ratio shall be a minimum of three (3) clinical hours for each one (1) academic credit. Skills lab activities shall not be used as a substitute for required clinical hours. Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course. When clinical preceptors are used, the following conditions shall be met: (a) The criteria for selecting a preceptor shall be in writing and shall include the following: (1) The method of selecting clinical preceptors; (2) The plans for orientation of clinical preceptors; (3) The clinical objectives or outcomes of the preceptorship; and (4) A system for monitoring and evaluating the student's learning experiences.
- The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.

(b) The designated faculty member shall retain responsibility for the student's

student to monitor and evaluate the student's learning experiences.

learning experiences and meet periodically with the clinical preceptor and the

The clinical preceptor shall have the following minimum qualifications:

- (a) Be currently licensed, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing;
- (b) A minimum of two (2) years of experience as a registered nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
- (c) A philosophy of health care congruent with that of the nursing program; and
- (d) Current knowledge of nursing practice at the registered nurse level.

5609 BACCALAUREATE DEGREE NURSING EDUCATION PROGRAMS

- A qualified nurse administrator shall direct and implement a nursing education program in the District.
- The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the nursing program.
- 5609.3 The nurse administrator shall:
 - (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing;
 - (c) Have an earned doctorate in nursing or a related field;
 - (d) Have educational preparation or experience in teaching, and curriculum development and administration, including a minimum of two (2) years of clinical experience as a registered nurse; and
 - (e) Have current knowledge of nursing practice at the registered nurse level.

5609.4 The faculty shall:

- (a) Be registered nurses licensed and in good standing in the District of Columbia:
- (b) Have a minimum of a master's degree in nursing;
- (c) Have a minimum of two (2) years of clinical experience as registered nurses; and

- (d) Have current knowledge of nursing practice at the registered nurse level.
- There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.
- 5609.6 The curriculum shall be:
 - (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
 - (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level;
 - (c) Based on sound educational principles; and
 - (d) Reflective of the theory and application of the nursing process.
- The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives or outcomes and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.
- There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.
- The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
 - (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;

- (d) Evaluation of the graduates by their employers;
- (e) Faculty and student evaluation of the program's clinical placements and agencies;
- (f) Evaluation of the students and faculty, of factors determined by the program, by the clinical facilities utilized for clinical placements;
- (g) Trending graduation rates;
- (h) Trending graduate performance on the NCLEX;
- (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
- (j) Evaluation of the program objectives or outcomes;
- (k) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
- (1) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
- (m) Evidence that prior recommendations and evaluation findings have been acted upon.
- The curriculum shall include didactic instruction in the following courses:
 - (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan of individuals and groups, in:
 - (1) Adult health nursing;
 - (2) Maternal and newborn health;
 - (3) Pediatric nursing;
 - (4) Psychiatric and mental health nursing;
 - (5) Geriatrics; and
 - (6) Community or public health nursing;
 - (b) Anatomy with a related laboratory experience;

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(c) Physiology with a related laboratory experience;

(d) Chemistry;
(e) Microbiology with a related laboratory experience;
(f) Mathematics;
(g) Nutrition and diet therapy;
(h) Pathophysiology;
(i) Social and behavioral sciences;
(j) The humanities;
(k) Pharmacology;
(1) Nursing research and its applications to nursing; and
(m) Statistics.
The curriculum shall include didactic instruction in the following concepts:
(a) Nursing history and trends;
(b) Professional responsibilities;
(c) Ethics;
(d) Healthcare economics and policy;
(e) Cultural diversity;
(f) Interpersonal relations;
(g) Group dynamics;
(h) Nursing leadership;
(i) Legal aspects of nursing;
(j) Education and counseling for patients and their families;
(k) Theory and application of the nursing process; and
•

	(l) Knowledge of emerging technologies.
5609.14	The baccalaureate degree curriculum shall permit students to choose no less than six (6) credit hours of electives in upper level general education courses during the course of the nursing program.
5609.15	The clinical practice component shall be an integral part of the curriculum.
5609.16	Students shall be provided didactic instruction in correlation with the related clinical learning experiences.
5609.17	A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:
	(a) The acuity of the patient's needs;
	(b) The objectives of the learning experience;
	(c) The class level of the students;
	(d) The physical placement of the students;
	(e) The instructor's teaching methods; and
	(f) The requirements established by the clinical agency.
5609.18	The faculty shall develop written objectives for each clinical course to be used as a guide for the selection of clinical agencies and student placements.
5609.19	The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5609.21.
5609.20	The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
5609.21	Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:
	(a) Medical nursing;
	(b) Surgical nursing;
	(c) Maternal and newborn health;

- (d) Pediatric nursing;
- (e) Psychiatric and mental health nursing;
- (f) Long-term care; and
- (g) Community or public health nursing.
- The school or program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression.
- The program shall provide a written rationale for the ratio of clinical hours to academic credits for each clinical. The ratio shall be a minimum of three (3) clinical hours for each one (1) academic credit. Skills lab activities shall not be used as a substitute for required clinical hours.
- Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course.
- 5609.25 When clinical preceptors are used, the following conditions shall be met:
 - (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
 - (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.
- The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.
- The clinical preceptor shall have the following minimum qualifications:
 - (a) Be currently licensed, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is

preparing;

- (b) A minimum of two (2) years of experience as a registered nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
- (c) A philosophy of health care congruent with that of the nursing program; and
- (d) Current knowledge of nursing practice at the registered nurse level.

5610 ADVANCED PRACTICE NURSING EDUCATION PROGRAMS

- This section shall apply to advanced practice nursing education programs that prepare students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.
- An advanced practice nursing program shall operate within, or be affiliated with, an accredited college or university that is authorized to award graduate degrees or post-graduate degrees.
- A college or university desiring initial accreditation of an advanced practice program shall submit a proposal to the Board as set forth in § 5601.1(b) to establish an advanced practice nursing education program that prepares students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.
- To be eligible for accreditation, the advanced practice program shall be at the graduate or post-graduate level.
- There shall be a program coordinator who shall, with the participation of the faculty, be responsible for the planning, implementation, and evaluation of the advanced practice program.
- The program coordinator shall:
 - (a) Be a registered nurse licensed in good standing in the District of Columbia;
 - (b) Have a District of Columbia certificate to practice as an advanced practice nurse in a specialty appropriate to the type of program being administered;
 - (c) Have a minimum of a master's degree in nursing;
 - (d) Have educational preparation or experience in teaching, and curriculum development and administration at the graduate level, including a minimum of two (2) years of clinical experience as an advanced practice nurse; and

(e) Have current knowledge of nursing practice at the advanced practice nurse level.

5610.7 The faculty shall:

- (a) Be registered nurses licensed and in good standing in the District of Columbia;
- (b) Have a minimum of a master's degree in nursing; and
- (c) Be qualified through academic preparation to teach the subject assigned and shall meet the standards for faculty appointment by the governing institution.
- Faculty responsible for clinical management courses or involved in clinical teaching and supervision shall also:
 - (a) Be licensed or certified in the state in which they practice, to practice as an advanced practice nurse in a specialty appropriate to the type of program being taught;
 - (b) Have a minimum of two (2) years of clinical experience as an advanced practice nurse; and
 - (c) Maintain clinical practice within the advanced role and specialty.
- There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.
- 5610.10 The program of study shall be:
 - (a) At least the equivalent of one academic year, as determined by the governing institution;
 - (b) A minimum of five hundred (500) supervised clinical hours, with a minimum of fifty (50) minutes constituting an hour;
 - (c) Developed and implemented by the program coordinator and faculty through an organizing framework which reflects the philosophy or mission statement of the advanced nursing education program;
 - (d) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level; and
 - (e) Based on sound educational principles.

- 5610.11 The curriculum content shall include:
 - (a) Didactic and clinical learning experiences necessary to meet the program goals and outcomes;
 - (b) Concepts and principles critical to advanced practice nursing;
 - (c) Professional and legal implications of the nurse in the advanced practice role;
 - (d) Knowledge and skills relevant to practice in the area of specialty;
 - (e) Theoretical and clinical role preparation;
 - (f) Clinical major courses in the specialty area;
 - (g) A practicum, preceptorship, or internship to integrate essential content and the clinical major courses; and
 - (h) Separate, advanced level academic courses in:
 - (1) Pharmacotherapeutics;
 - (2) Assessment;
 - (3) Pathophysiology or psychopathology; and
 - (4) Diagnosis and management of problems within the specialty area.
- For clinical nurse specialist programs, the program shall also meet the following requirements:
 - (a) Qualify the graduate for a master's degree in nursing;
 - (b) Have a curriculum that contains a minimum of nine (9) semester credit hours, or the equivalent, in a specific clinical major; and
 - (c) Have clinical major courses that include didactic content and offer clinical experiences in a specific clinical specialty or practice area.
- The faculty shall develop and implement a written plan for evaluation of the total program and shall provide for student participation.
- The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:

- (a) Evaluation time intervals;
- (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
- (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
- (d) Evaluation of the graduates by their employers;
- (e) Faculty and student evaluation of the program's clinical placements and agencies;
- (f) Evaluation of the students and faculty by the clinical facilities utilized for clinical placements;
- (g) Trending graduation rates;
- (h) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
- (i) Evaluation of the program objectives or outcomes;
- (j) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
- (k) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
- (l) Evidence that prior recommendations and evaluation findings have been acted upon.
- Students shall be provided didactic instruction in correlation with the related clinical learning experiences.
- A clinical instructor shall not supervise more than six (6) students while in the clinical setting and the actual number of students assigned per instructor shall be based on the following:
 - (a) The acuity of the patients needs;
 - (b) The objectives of the learning experience;
 - (c) The class level of the students;
 - (d) The physical placement of the students;

- (e) The instructor's teaching methods; and
- (f) The requirements established by the clinical agency.
- The faculty shall be responsible and accountable for managing clinical learning experiences of students.
- Supervised clinical practice must include the opportunity to provide pharmacological and non-pharmacological management of diseases and problems considered within the scope of practice of the advanced practice nurse's specialty and role.
- The faculty shall develop written objectives for each clinical course to be used as a guide for the selection of clinical agencies and student placements.
- The students shall be assigned only to facilities that provide students with opportunities to achieve the goals of the program.
- The program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
- The program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression.
- Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in the specific area or course.
- When clinical preceptors are used, the following conditions shall be met:
 - (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
 - (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the

student to monitor and evaluate the student's learning experiences.

- The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.
- The clinical preceptor shall have the following minimum qualifications:
 - (a) Current licensure, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing, which shall include physicians;
 - (b) Be licensed or certified in the state in which they practice, to practice in a specialty appropriate to the type of program being taught, or
 - (c) Have a minimum of two (2) years of clinical experience;
 - (d) Maintain clinical practice within the role and specialty; and
 - (e) Have a philosophy of health care congruent with that of the nursing program.

5611 PROGRAM CHANGES REQUIRING BOARD NOTIFICATION

- A program shall notify the Board within thirty (30) days of making any of the following changes to its program:
 - (a) Change in the nurse administrator or program coordinator. The program shall submit proof that the new nurse administrator or coordinator meets the requirements of this chapter;
 - (b) Change in the length of the program; or
 - (c) Change in its national accreditation status.

5612 STUDENTS

- A program shall make the following available to students:
 - (a) A written statement of students' rights and responsibilities including admission, progression, and graduation requirements;
 - (b) The opportunity to participate in program development and evaluation;
 - (c) A written policy on grievance procedures and a mechanism for resolution;
 - (d) Guidance and advisement counseling services; and

- (e) Academic counseling for students who are failing.
- A program shall determine whether a student possesses spoken and written competency in English, prior to a student beginning the nursing program. If a student is unable to successfully demonstrate spoken and written competency in English, or is later identified by an instructor as deficient in competency in English, the program shall:
 - (a) Offer, or assist the student in entering, an English as a second language program; and
 - (b) Require the student to complete the English as a second language program either simultaneously with the nursing program, or prior to entering the nursing program, as appropriate based on the level of the student's competency in English.
- A program shall have admission standards to ensure that a student possesses the educational skills and competency to successfully complete the nursing education program at that level, prior to a student beginning the nursing program.
- A program shall not admit a student that cannot meet the program's admission standards.

5613 VOLUNTARY CLOSURE OF A PROGRAM

- If a program decides to close, the nurse administrator or coordinator shall, at least ninety (90) days before closing:
 - (a) Notify the Board of its intent;
 - (b) Provide the date and reason for closing;
 - (c) Submit to the Board its plan for the disposition of the records of the students, graduates, and faculty;
 - (d) Provide to the Board the name and position title of the individual to be responsible for the records, and the name and address of the agency in which the records will be located; and
 - (e) Provide evidence to the Board that the program's current students have been given timely notice of the program's intent, and provided assistance for transferring to another nursing program.
- 5613.2 Upon request, the Board shall provide consultation concerning the closing of a program.

If a program fails to comply with the provisions of this subsection, the Board shall not grant accreditation to the owner or controlling institution to operate another nursing program in the District.

5699 **DEFINITIONS**

As used in this chapter, the following terms have the meanings ascribed:

Act-- Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Accreditation—Board approval to operate a basic nursing program or advanced practice nursing education program in the District of Columbia that is granted only after specified requirements, standards, and conditions have been met.

Advanced practice program— a post-basic nursing education program at the master's degree or doctoral degree level, whose purpose is to prepare students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

Advanced practice nurse— a registered nurse who has completed an advanced practice nursing education program and has been certified by the Board to practice as a nurse-anesthetist, nurse-midwife, nurse-practitioner, or clinical nurse specialist.

Basic program-- a nursing education program at the certificate, associate degree, or baccalaureate degree level, whose purpose is to prepare students for practice as practical or registered nurses.

Board-- the Board of Nursing, established by § 204 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)).

CCNE-- Commission on Collegiate Nursing Education.

Clinical agency— an agency which provides the facilities for clinical learning experiences in nursing, with the faculty or the clinical instructor of the program responsible for the planning, implementing, and evaluating of the experiences.

Clinical—faculty planned and guided learning activities designed to assist students in meeting course objectives and to apply nursing knowledge and skills in the direct care of patients, including clinical conferences and planned learning activities in acute care facilities, and other community resources. Clinical shall not include skills lab activities

Clinical preceptor— an individual meeting the requirements of this chapter that is an employee of a clinical agency who works with a nursing student in a clinical setting to facilitate student learning in a manner specified in a signed written agreement between the agency and the educational institution.

Clinical preceptorship— an organized system of clinical experiences which allows a nursing student to be paired with a clinical preceptor for the purpose of attaining specific learning objectives.

Conditional accreditation— the accreditation status that is granted, for a time period specified by the Board, to a nursing school or program to correct deficiencies when the nursing school or program has failed to meet or maintain the requirements and standards of this chapter.

Controlling institution— a college, university, public agency, or institution responsible for the administration and operation of a nursing school in the District.

Full accreditation— the accreditation status that is granted to a program after the graduation of its first class and after the Board has determined that the requirements and standards of this chapter have been met.

Initial accreditation— the accreditation status that is granted to a newly established nursing school or program that has not graduated its first class. The status is granted after the Board has determined that the standards and requirements of this chapter are being met and continues until after the first class has graduated.

Management course— a course offering both didactic and clinical content in clinical decision making and aspects of medical diagnosis and medical management of diseases and conditions.

National Norm-- as published by the National Council of State Boards of Nursing (NCSBN).

NCLEX-- National Council Licensure Examination.

NLNAC-- National League for Nursing Accrediting Commission.

Nursing process— the problem solving techniques of assessment, planning, implementing, and evaluating a plan of care, which requires technical and scientific knowledge, judgment, and decision making skills.

Nursing school-- a school of nursing offering a basic program or an advanced practice program in nursing.

Practical nurse— a person licensed to practice practical nursing pursuant to chapter 55 of this Title.

Registered nurse-- a person licensed to practice registered nursing pursuant to chapter 54 of this Title.

Trending— the process of studying or evaluating an observable fact or occurrence over a period of time.

Withdrawal of Accreditation—Board revocation of the approval to operate a nursing education program or advanced practice nursing education program within the District.

All persons desiring to comment on the subject matter of this proposed rulemaking action shall submit written comments, not later than thirty (30) days after the date of publication of this notice in the <u>D.C. Register</u>, to the Department of Health, Office of the General Counsel, 825 North Capitol Street, N.E., 4th Floor, Washington, D.C. 20002. Copies of the proposed rules may be obtained between the hours of 9:00 a.m. and 5:00 p.m. at the address listed above.

THE CHIEF PROCUREMENT OFFICER OF THE DISTRICT OF COLUMBIA

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Chief Procurement Officer of the District of Columbia, pursuant to authority granted by sections 202(a) and 204 of the District of Columbia Procurement Practices Act of 1985, as amended, effective February 21, 1986 (D.C. Law 6-85; D.C. Official Code §§2-302.02(a) and 2-302.04) (PPA), hereby gives notice of the adoption of the following emergency rules, amending Chapter 19 of Title 27 of the District of Columbia Municipal Regulations (Contracts and Procurements). The amended rule will permit a contract for IT consultant personal services to be extended to five (5) years.

These emergency rules are needed to allow the Office of the Chief Technology Officer (OCTO) to extend IT consultant personal services contracts for personnel involved in the implementation of the District's Administrative Services Modernization Program (ASMP). ASMP is modernizing the major administrative functions of the District government over a five-year period (FY 2002-2006) by automating eight major administrative services: procurement, human resources (HR), benefits administration, payroll, time and attendance, budget, property management, and pension administration. It is a critical citywide initiative, expected to yield enormous benefits in efficiency, government transparency and employee job satisfaction. Without these emergency rules, OCTO will be unable to continue the current personal services contract with the Director of the ASMP project. To keep ASMP on schedule and on budget, it is vital that the District maintain continuity of leadership through the implementation of the remaining seven modules.

The Mayor of the District of Columbia also gives notice of intent to take final rulemaking action in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*. The Mayor will submit the rules to the Council of the District of Columbia for a sixty (60) day period of review pursuant to subsection 205(a) of the PPA (D.C. Official Code §2-302.05(a)), and will not take final rulemaking action until completion of the 60-day review period or Council approval of the rules by resolution before the end of the review period.

CHAPTER 19

CONTRACTING FOR SERVICES

Section 1902.7 is amended to read as follows:

1902 CONTRACTING FOR INFORMATION TECHNOLOGY SERVICES

1902.7 A contract for IT consultant personal services may be extended by modification, but in no event shall the period of the base contract and any extensions exceed five (5) years.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments, in writing, and send them to the Chief Procurement Officer, 441 4th Street, 700 South, Washington, D.C. 20001. Comments must be received no later than thirty (30) days from the date of publication of this notice in the *D.C. Register*. A copy of this emergency and proposed rulemaking may be obtained at the same address.